
State of Washington

Behavioral Risk Factor Surveillance System 2005 Questionnaire, Form C

Based on CDC version 10-20-04

Washington State Department of Health
Center for Health Statistics
and
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office of Adult and Community Health
Behavioral Surveillance Branch

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Behavioral Risk Factor Surveillance System

Questionnaire, Form C, 2005

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HELLO, I'm _____ (name) _____ calling for the Washington State Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Washington residents to guide state health policies. Your phone number has been chosen scientifically, and I'd like to ask some questions about health and safety practices that may affect your health.

To correct respondent:

HELLO, I'm (name) calling for the Washington State Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Washington residents to guide state health policies. You have been chosen scientifically to be interviewed, and we'd like to ask some questions about health and safety practices of Washington residents.

All Respondents:

The interview may be monitored for quality assurance, but all information obtained in this study will be confidential. Some of the questions might not apply to you or your life. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview usually takes between 15 to 20 minutes. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

IF NEEDED:

- If you have any questions about this study, you can call the study director at the Washington State Department of Health, Katrina Simmons. You can call her toll-free at 1-866-871-5405.
- Your phone number will be erased from the data in one year.

If Respondent refuses, ask:

It would *really* help us with future studies to know the reasons why people choose not to participate. Would you be willing to tell me your reasons? **[WHY1]**

- | | |
|----|---------------------|
| 01 | Record comments |
| 98 | Don't know/Not sure |
| 99 | Refused |

<<TIME: Introduction>>

CDC Core Questions

Section 1: Health Status

1.1 Would you say that in general your health is: (73)

Please read

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- or

- 5 Poor

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 1 >>

Section 2: Healthy Days - Health-related Quality of Life

2.1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74-75)

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

2.2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76-77)

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

If Q2.1 and Q2.2=88 (None), ⇒ Go to next section.

2.3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

<<TIME: Section 2 >>

Section 3: Health Care Access

- 3.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

- 3.2. Do you have one person you think of as your personal doctor or health care provider? If "No", ask: "***Is there more than one or is there no person who you think of?***" (81)

1 Yes, only one
2 More than one
3 No
7 Don't know / Not sure
9 Refused

- 3.3. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

- 3.4. About how long has it been since you last visited a doctor for a routine checkup? **IF NEEDED: a routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.** (83)

1 Within past yr (1-12 months ago)
2 Within past 2 yrs (1-2 yrs ago)
3 Within past 5 yrs (2-5 yrs ago)
4 5 or more years ago
7 Don't know / Not sure
8 Never
9 Refused

<<TIME: Section 3 >>

Section 4: Exercise

- 4.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 4 >>

Section 5: Diabetes

- 5.1. Have you EVER been told by a doctor that you have diabetes? (85)

[If respondent says 'pre-diabetes or borderline diabetes', use response Code 4.

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

- 5.2 How old were you when you were told you have diabetes? (201-202)

Code age in years [97 = 97 and older]

- 98 Don't know/Not sure
- 99 Refused

- 5.3 Are you now taking insulin? (203)

- 1 Yes
- 2 No
- 9 Refused

- 5.4 Are you now taking diabetes pills? (204)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

- 5.5 About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

(205-207)

1 _ _ Times per day
 2 _ _ Times per week
 3 _ _ Times per month
 4 _ _ Times per year
 8 8 8 Never
 7 7 7 Don't know/Not sure
 9 9 9 Refused

- 5.6 About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

(208-210)

1 _ _ Times per day
 2 _ _ Times per week
 3 _ _ Times per month
 4 _ _ Times per year
 8 8 8 Never
 5 5 5 No feet
 7 7 7 Don't know/Not sure
 9 9 9 Refused

- 5.7 Have you EVER had any sores or irritations on your feet that took more than four weeks to heal?

(21)

1 Yes
 2 No
 7 Don't know/Not sure
 9 Refused

- 5.8 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(213-214)

_ _ Number of times **[76 = 76 or more]**
 8 8 None
 7 7 Don't know/Not sure
 9 9 Refused

- 5.9 A test for hemoglobin "**A one C**" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (214-215)

___ Number of times [76 = 76 or more]
88 None
98 Never heard of hemoglobin "A one C" test
77 Don't know/Not sure
99 Refused

If Q5.6 = 555, "no feet," go to Q5.11

- 5.10 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (216-217)

___ Number of times [76 = 76 or more]
88 None
77 Don't know/Not sure
99 Refused

- 5.11 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (218)

Read Only if Necessary

1 Within the past month (anytime less than 1 month ago)
2 Within the past year (1 month but less than 12 months ago)
3 Within the past 2 years (1 year but less than 2 years ago)
4 2 or more years ago
8 Never
7 Don't know/Not sure
9 Refused

- 5.12 Has a doctor EVER told you that diabetes has affected your eyes or that you had retinopathy? (219)

1 Yes
2 No
7 Don't know/Not sure
9 Refused

- 5.13 Have you EVER taken a course or class in how to manage your diabetes yourself? (220)

1 Yes
2 No
7 Don't know/Not sure
9 Refused

<<TIME: Section 5 >>

Section 6: Hypertension Awareness

- 6.1. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? **If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”** (86)

- 1 Yes
- 2 Yes, but female told only during pregnancy ⇒ **Go to next section**
- 3 No ⇒ **Go to next section**
- 4 Told borderline high or pre-hypertensive ⇒ **Go to next section**
- 7 Don't know / Not sure ⇒ **Go to next section**
- 9 Refused ⇒ **Go to next section**

- 6.2. Are you currently taking medicine for your high blood pressure? (87)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 6 >>

Section 7: Cholesterol Awareness

- 7.1. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (88)

- 1 Yes
- 2 No ⇒ **Go to next section**
- 7 Don't know / Not sure ⇒ **Go to next section**
- 9 Refused ⇒ **Go to next section**

- 7.2. About how long has it been since you last had your blood cholesterol checked? (89)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

7.3. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 7 >>

Section 8: Cardiovascular Disease Prevalence

Has a doctor, nurse, or other health professional EVER told you that you had any of the following?

8.1. [Ever told that you had] A heart attack, also called a myocardial infarction? (91)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.2. [Ever told that you had] Angina or coronary heart disease? (92)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.3. [Ever told that you had] A stroke? (93)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 8 >>

Section 9: Asthma

9.1. Have you EVER been told by a doctor, nurse, or other health professional that you had asthma? (94)

- 1 Yes
- 2 No ⇒ **Go to next section**
- 7 Don't know / Not sure ⇒ **Go to next section**
- 9 Refused ⇒ **Go to next section**

9.2. Do you still have asthma? (95)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 9 >>

Section 10: Immunization

**Ask all questions in January & February.
Starting in March, ask only 10.1, 10.2 and 10.7**

10.1. A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot? (96)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

10.2. During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine that is sprayed in the nose is also called FluMist™. (97)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

10.3 During what month and year did you receive your most recent flu vaccination? If "Yes" to both 10.1 and Q10.2, also say: "The most recent flu vaccination may have been either the flu shot or the flu spray." ()

- __/____ Month / Year
- 77/7777 Don't know/Not Sure (Probe: "Was it before or after September 2004?" Code approximate month and year)
- 99/9999 Refused

- 10.4. Where did you go to get your most recent **[CATI fill in appropriate response from 10.1 and 10.2: flu shot/vaccine that was sprayed in your nose/vaccination (whether it was a shot or spray in the nose)]?** ()

Read only if necessary:

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center [Example: a community health center]
- 04 A senior, recreation, or community center
- 05 A store [Examples: supermarket, drug store]
- 06 A hospital [Example: in-patient]
- 07 An emergency room
- 08 Workplace
- or
- 09 Some other kind of place
- 77 Don't know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?)
- 99 Refused

**If Q10.3 is before 9/2004 go to Q10.5.
If Q10.3 is DK or RF, go to Q10.5.
Otherwise go to Q10.6**

- 10.5. What is the **MAIN** reason you have **NOT** received a flu vaccination for this current flu season? **[Interviewer note: The current flu season = Sept. '04 – Mar. '05]** ()

Do not read answer choices below. Select category that best matches response.

- 01 Need: Do not need it
- 02 Need: Doctor did not recommend it
- 03 Need: Did not know that I should be vaccinated
- 04 Need: Flu is not that serious
- 05 Need: Had the flu already this flu season
- 06 Concern about vaccine: side effects/can cause flu
- 07 Concern about vaccine: does not work
- 08 Access: Plan to get vaccinated later this flu season
- 09 Access: Flu vaccination costs too much
- 10 Access: Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason
- 77 Don't know/Not sure (Probe: "What was the main reason?")
- 99 Refused

If Q10.3 is 09/2003 through 03/2004, go to Q10.7, otherwise ask Q10.6

10.6 Did you get a flu vaccination during the 'last flu season' in other words during the months of September 2003 through March 2004? ()

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

10.7. A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (98)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

10.8 Has a doctor, nurse, or other health professional ever said that you have any of the following health problems? ()

Read each problem listed below:

Asthma

Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

Weakened immune system caused by a chronic illness, such as cancer or
HIV/AIDS, or medicines, such as steroids

-or-

Sickle cell anemia or other anemia

- 1 Yes – **Go to Q10.9**
- 2 No – **Go to Q10.10**
- 7 Don't know/Not sure (Probe by repeating question) – **Go to Q10.10**
- 9 Refused – **Go to Q10.10**

10.9 Do you still have (this/any of these) problem(s)? ()

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

10.10 Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home? **[If necessary say: This includes part-time and volunteer work.]** ()

- 1 Yes – **Go to Q10.11**
- 2 No – **Go to next section**
- 7 Don't know/Not sure (Do not probe) – **Go to Q13.1**
- 9 Refused – **Go to Q13.1**

10.11 Do you have direct face-to-face or hands-on contact with patients as a part of your routine work? ()

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Probe by repeating question)
- 9 Refused

<<TIME: Section 10 >>

Section 11: Tobacco Use

11.1. Have you smoked at least 100 cigarettes in your entire life? **[Note: 5 packs = 100 cigarettes].** (99)

- 1 Yes
- 2 No ⇒ **Go to next section**
- 7 Don't know / Not sure ⇒ **Go to next section**
- 9 Refused ⇒ **Go to next section**

11.2. Do you now smoke cigarettes every day, some days, or not at all? (100)

- 1 Every day
- 2 Some days
- 3 Not at all ⇒ **Go to next section**
- 9 Refused ⇒ **Go to next section**

11.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (101)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 11 >>

Section 12: Alcohol Consumption

- 12.1. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (102)

1 Yes
 2 No ⇒Go to next section]
 7 Don't know / Not sure ⇒Go to next section]
 9 Refused ⇒Go to next section]

- 12.2. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (103-105)

1__ Days per week
 2__ Days in past 30 days
 888 No drinks in past 30 days ⇒Go to next section]
 777 Don't know / Not sure
 999 Refused

- 12.3. One drink is equivalent to a 12 ounce beer, a 4 ounce glass of wine, or a drink with one shot of liquor. On the days when you drank, during the past 30 days, about how many drinks did you drink on the average? (106-107)

__ __ Number of drinks
 7 7 Don't know / Not sure
 9 9 Refused

- 12.4. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion? (108-109)

__ __ Number of times
 88 None
 77 Don't know / Not sure
 99 Refused

- 12.5. During the past 30 days, what is the largest number of drinks you had on any occasion? (110-111)

__ __ Number
 77 Don't know / Not sure
 99 Refused

<<TIME: Section 12 >>

Section 13: Demographics

13.1. What is your age? (112-113)

____ Code age in years
0 7 Don't know / Not sure
0 9 Refused

13.1b In which of these age categories do you belong? [SAQ]

21 18 to 24
30 25 to 34
40 35 to 44
50 45 to 54
60 55 to 65
70 65 to 74
80 75 or older
9 Refused

13.2. Are you Hispanic or Latino? (114)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

13.3. Which one or more of the following would you say is your race? **[Check all that apply; up to 6 responses.]** (115-120)

Please read
1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian, Alaska Native
or
6 Other [specify] _____
DO NOT READ
8 No additional choices
7 Don't know / Not sure
9 Refused

If one of the answers to Q13.3a-f is 3 (Asian) or 4 (Native Hawaiian or other Pacific Islander), continue. Otherwise, go to Q13.4

13.31 Which one or more of the following best describes your Asian or Pacific Islander heritage? ()

[INTERVIEWER NOTE: If the respondent cuts you off, please finish reading the choices by saying, "So you're not...."]

- 01 Native Hawaiian (NH./PI)
- 02 Chinese
- 03 Japanese
- 04 Korean
- 05 Filipino (NH./PI)
- 06 Vietnamese
- 07 Laotian
- 08 Cambodian
- 09 Asian Indian
- 10 Samoan (NH./PI)
- 11 Guamanian (NH./PI) or Chamorro (NH./PI)
- 88 Or something else (specify: _____)
- DO NOT READ**
- 77 Don't know/Not sure
- 99 Refused

**If more than one response to Q13.3 or to 13.31, ask Q13.4.
Otherwise, go to Q13.5**

13.4. Which one of these groups would you say BEST represents your race? (121)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____
- DO NOT READ**
- 7 Don't know / Not sure
- 9 Refused

13.5. Are you...? (122)

Please read

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- or 6 A member of an unmarried couple
- DO NOT READ**
- 9 Refused

13.6. How many children less than 18 years of age live in your household? (123-124)

— —	Number of children	
8 8	None	Go to Q 13.7
9 9	Refused	Go to Q 13.7

13.6a How many children less than 5 years of age live in your household? (SAQ)

— —	Number of children	
8 8	None	
9 9	Refused	

If there are no more children in the household, go to Q 13.6c

13.6b How many children age 5 to 9 years of age live in your household? (SAQ)

— —	Number of children	
8 8	None	
9 9	Refused	

If 1 or more children ages 0-4 or 5-9, continue. Otherwise go to Q.13.6d.

13.6c. What are the ages of your children under age 10? (SAQ)

— —	Ages of children in age range 0-9 (up to 9 children)	
8 8	None	
7 7	Don't Know/Not Sure	
9 9	Refused	

If there are no more children in the household, go to Q13.7

13.6d. How many children age 10 to 12 years of age live in your household? (SAQ)

— —	Number of children	
8 8	None	
9 9	Refused	

If there are no more children in the household, go to Q13.7

13.6e How many children age 13 to 17 years of age live in your household? (SAQ)

— —	Number of children	
8 8	None	
9 9	Refused	

13.7. What is the highest grade or year of school you completed? (125)

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 9 Refused

13.8. Are you currently . . . ? (126)

Please read

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A homemaker
- 6 A student
- 7 Retired,
or
- 8 Unable to work

DO NOT READ

- 9 Refused

13.8a What kind of business or industry do you work in? (SAQ)

[Record answer] _____

- 99 Refused

13.8b What is your job title? If no job title, ask "What kind of work do you do?" (SAQ)

[Record answer] _____

- 88 Owner, Proprietor or Self-employed

- 99 Refused

13.9. Is your annual household income from all sources...? (127-128)

If respondent refuses at ANY income level, code 99 (Refused).

Read only if necessary:

04 Less than \$25,000 If "no", ask 05; if "yes", ask 03
(\$20,000 to less than \$25,000)

03 Less than \$20,000 If "no", code 04; if "yes", ask 02
(\$15,000 to less than \$20,000)

02 Less than \$15,000 If "no", code 03; if "yes", ask 01
(\$10,000 to less than \$15,000)

01 Less than \$10,000 If "no", code 02

05 Less than \$35,000 If "no", ask 06
(\$25,000 to less than \$35,000)

06 Less than \$50,000 If "no", ask 07
(\$35,000 to less than \$50,000)

07 Less than \$75,000 If "no", code 08
(\$50,000 to less than \$75,000)

08 \$75,000 or more

DO NOT READ

77 Don't know / Not sure

99 Refused

13.10. About how much do you weigh without shoes? **[If respondent answers in metrics, put "9" in column 129.] [Round fractions up]** (129-132)

____ Weight

(pounds/kilograms)

7 7 7 7 Don't know / Not sure

9 9 9 9 Refused

13.11. About how tall are you without shoes? **[If respondent answers in metrics, put "9" in column 133]. [Round fractions down]** (133-136)

____/____ Height

(ft / inches/meters/centimeters)

7 7 7 7 Don't know / Not sure

9 9 9 9 Refused

13.12. What county do you live in? (137-139)

001	Adams	027	Grays Harbor	053	Pierce
003	Asotin	029	Island	055	San Juan
005	Benton	031	Jefferson	057	Skagit
007	Chelan	033	King	059	Skamania
009	Clallam	035	Kitsap	061	Snohomish
011	Clark	037	Kittitas	063	Spokane
013	Columbia	039	Klickitat	065	Stevens
015	Cowlitz	041	Lewis	067	Thurston
017	Douglas	043	Lincoln	069	Wahkiakum
019	Ferry	045	Mason	071	Walla Walla
021	Franklin	047	Okanogan	073	Whatcom
023	Garfield	049	Pacific	075	Whitman
025	Grant	051	Pend Oreille	077	Yakima

— — — FIPS county code
 7 7 7 Don't know / Not sure
 9 9 9 Refused

13.13. What is your ZIP Code where you live? (140-144)

— — — — — ZIP Code
 7 7 7 7 7 Don't know / Not sure
 9 9 9 9 9 Refused

13.14. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (145)

1 Yes
 2 No ⇒Go to Q13.16]
 7 Don't know / Not sure ⇒Go to Q13.16]
 9 Refused ⇒Go to Q13.16]

13.15. How many of these phone numbers are residential numbers? (146)

— Residential telephone numbers [6=6 or more]
 7 Don't know / Not sure
 9 Refused

13.16. During the past 12 months, has your household been without telephone service for 1 week or more? [Do not include interruptions of phone service due to weather or natural disasters]. (147)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

13.16a In the past 12 months, about how many months in total were you without a working home telephone?" [SAQ]

- — Number of months
- 6 6 Less than one month
 - 8 8 None
 - 7 7 Don't know/Not sure
 - 9 9 Refused

13.17. Indicate sex of respondent. [Ask only if necessary]. (148)

- 1 Male ⇒ **Go to next section**
- 2 Female **[If respondent is 45 years old or older, Go to next section]**

13.18. To your knowledge, are you now pregnant? (149)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 13 -Demographics>>

Section 14: Veteran's Status

The next question relates to military service in the United States Armed Forces.

14.1. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (150)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 14 >>

Section 15: Disability

The following questions are about health problems or impairments you may have.

- 15.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (151)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

- 15.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? [Include occasional use or use in certain circumstances.] (152)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

<<TIME: Section 15 >>

Section 16: Arthritis Burden

The next questions refer to the joints in your body. Please do NOT include the back or neck.

- 16.1. During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint? (153)

1 Yes
2 No ⇒Go to Q16.4]
7 Don't know / Not sure ⇒Go to Q16.4]
9 Refused ⇒Go to Q16.4]

- 16.2. Did your joint symptoms FIRST begin more than 3 months ago? (154)

1 Yes
2 No ⇒Go to Q16.4]
7 Don't know / Not sure ⇒Go to Q16.4]
9 Refused ⇒Go to Q16.4]

16.3. Have you EVER seen a doctor or other health professional for these joint symptoms? (155)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

16.4. Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (156)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

If either Q16.2=1 (Yes) or Q16.4=1 (Yes); continue. Otherwise, Go to next section.

16.5. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? [If a respondent question arises about medication, then the interviewer should reply ***"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."***] (157)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 16 >>

Section 17: Fruits & Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth.

Remember, I am only interested in the foods *you* eat. Include all foods *you* eat, both at home and away from home.

17.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (158-160)

- 1_ _ Per day
- 2_ _ Per week
- 3_ _ Per month
- 4_ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.2 Not counting juice, how often do you eat fruit? (161-163)

- 1_ _ Per day
- 2_ _ Per week
- 3_ _ Per month
- 4_ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.3 How often do you eat green salad? (164-166)

- 1_ _ Per day
- 2_ _ Per week
- 3_ _ Per month
- 4_ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.4. How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (167-169)

- 1_ _ Per day
- 2_ _ Per week
- 3_ _ Per month
- 4_ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.5 How often do you eat carrots? (170-172)

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat ? (Example: A serving of vegetables at both lunch and dinner would be two servings.) (173-175)

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

<<TIME: Section 17 >>

Section 18: Physical Activity

**If Core Q13.8=1(employed for wages) or 2(self-employed); continue.
Otherwise, ⇒Go to Q18.2.**

18.1. When you are at work, which of the following best describes what you do?
Would you say? **[If respondent has multiple jobs, include all jobs.]** (176)

Please read

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

- 18.2. We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

Now, thinking about the moderate activities you do [fill in “when you are not working” if “employed” or self-employed”] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate? (177)

- 1 Yes
- 2 No ⇒ **Go to Q18.5**
- 7 Don't know / Not sure ⇒ **Go to Q18.5**
- 9 Refused ⇒ **Go to Q18.5**

- 18.3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (178-179)

- — Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time ⇒ **Go to Q18.5**
- 7 7 Don't know / Not sure ⇒ **Go to Q18.5**
- 9 9 Refused ⇒ **Go to Q18.5**

- 18.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (180-182)

- : — Hours and minutes per day
- 777 Don't know / Not sure
- 999 Refused

- 18.5. Now, thinking about the vigorous activities you do [fill in “when you are not working” if “employed” or “self-employed”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (183)

- 1 Yes
- 2 No ⇒ **Go to next section**
- 7 Don't know / Not sure ⇒ **Go to next section**
- 9 Refused ⇒ **Go to next section**

- 18.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (184-185)

__ __ Days per week
8 8 Do not do any vigorous physical activity for at least 10 minutes at a time
⇒ **Go to next section**
7 7 Don't know / Not sure ⇒ **Go to next section**
9 9 Refused ⇒ **Go to next section**

- 18.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (186-188)

_: _ Hours and minutes per day
777 Don't know / Not sure
999 Refused

<<TIME: Section 18 >>

Section 19: HIV/AIDS

[If respondent is 65 years or older, ⇒ **Go to next section**]

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you do not have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

- 19.1. Have you EVER been tested for HIV? Do not count tests you may have had as part of a blood donation. [Include saliva tests]. . (189)

1 Yes
2 No ⇒ **Go to Q19.5**
7 Don't know / Not Sure ⇒ **Go to Q19.5**
9 Refused ⇒ **Go to Q19.5**

- 19.2. Not including blood donations, in what month and year was your last HIV test? If response is before January 1985, code "Don't know." (190-195)

__ / __ __ Code month and year
7 7 7 7 7 7 Don't know / Not sure
9 9 9 9 9 9 Refused

- 19.3. Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else? (196-197)

- 01 Private doctor or HMO
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 In a jail or prison (or other correctional facility)
- 06 Home
- 07 Somewhere else
- 77 Don't know / Not sure
- 99 Refused

- 19.4. I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

Please read

You have used intravenous drugs in the past year. (say: in - tra – vee – nus)
You have been treated for a sexually transmitted or venereal disease in the past year.
You have given or received money or drugs in exchange for sex in the past year.
You had anal sex without a condom in the past year.

Do any of these situations apply to you? (198)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 19 >>

Section 20: Emotional Support & Life Satisfaction

- 20.1 How often do you get the social and emotional support you need? (199)

Please read

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

20.2 In general, how satisfied are you with your life? (200)

Please read

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 20 >>

Section 21 Child Immunization (January and February only)

If Core Q13.6 = 88, or 99 (no children under age 18 in the household, or refused), then Go to Q14.1

If Core Q13.6 = 1; say: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." ⇒ **Go to Q21.18.**

If Core Q13.6 is >1 and Core Q13.6 does not equal to 88 or 99, say: "Previously, you indicated there were [CATI insert number] children age 17 or younger in your household. Think about those [CATI insert number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the [CATI insert second/third/fourth, etc.] child."

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN.

"I have some additional questions about one specific child. The child I will be referring to is the [CATI Fill in random number] child. All the questions about children will be about that child."

Note: If there are two children with the same birth date, randomly select one.

21.1 Is the child a boy or a girl? ()

- 1 Boy
- 2 Girl
- 9 Refused

21.2 In what month and year was [CATI fill in: he/she] born? ()

__/____
7 7 / 7 7 7 7
9 9 / 9 9 9 9

Month / Year
Don't know/Not sure (Probe by repeating the question)
Refused

- 21.21 Has a doctor, nurse, or other health professional ever said that **[CATI fill in: he/she]** has any of the following health problems?

Read each problem listed below:

Asthma

Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids

Must take aspirin every day

-or-

Sickle cell anemia or other anemia

- 1 Yes – **Go to Q21.22**
- 2 No – Go to Q21.23
- 7 Don't know/Not sure (Probe by repeating the question) – Go to Q21.22
- 9 Refused – Go to **Q21.22**

- 21.22 Does **[CATI fill in: he/she]** still have (this/any of these) problem(s)?

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

If child is less than 6 months old, go to Q14.1

- 21.23 During the past 12 months, has **[CATI fill in: he/she]** had a flu shot? A flu shot is a flu vaccine injected in a child's arm or thigh. ()

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

- 21.24 During the past 12 months, has **[CATI fill in: he/she]** had a flu vaccine sprayed in the nose? The flu vaccine that is sprayed in the nose is FluMist™. ()

- 1 Yes
- 2 No – **If Q21.23 is "Yes" go to Q21.25, otherwise go to Q21.26**
- 7 Don't know/Not sure (Do not probe) – **If Q21.23 is "Yes" go to Q21.25; if Q21.23 is "No" go to Q21.26, otherwise go to Q21.27**
- 9 Refused – **If Q21.23 is "Yes" go to Q21.25, if Q21.23 is "No" go to Q21.26, otherwise go to Q21.27**

21.25 During what month and year did [[CATI fill in: he/she] receive the most recent flu vaccination **[If “Yes” to both Q21.23 and Q21.24, also say: “The most recent flu vaccination may have been either the flu shot or the flu spray.”]**

-- / ---- Month / Year – **If Q21.25 is before 09/2004 go to Q21.26, otherwise go to Q21.27**
77/7777 Don't know/Not Sure (Probe: “Was it before or after September 2004?” Code approximately month and year) **Go to Q21.26**
99/9999 Refused **Go to Q21.26**

If Q21.25 is DK or RF, go to Q21.26

21.26. What is the **MAIN** reason [CATI fill in: he/she] has not received a flu vaccination for this current flu season? [Interviewer note: The current flu season = Sept. '04 – Feb. '05]

()

Do not read answer choices below. Select category that best matches response.

- 01 Need: Child does not need it
- 02 Need: Doctor did not recommend it
- 03 Need: Did not know that child should be vaccinated
- 04 Need: Flu is not that serious
- 05 Need: Child had the flu already this flu season
- 06 Concern about vaccine: side effects/can cause flu
- 07 Concern about vaccine: does not work
- 08 Access: Plan to get child vaccinated later this flu season
- 09 Access: Flu vaccination costs too much
- 10 Access: Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason

- 77 Don't know/Not sure (Probe: “What was the main reason?”)
- 99 Refused

**If Q21.20 date is 06/2003 to present, go to Q14.1;
if Q21.25 date is 04/2004 to present
or
if Q21.25 is DK or RF, continue (ask Q21.27)
otherwise go to Q14.1**

21.27 Did **[CATI fill in: he/she]** get the flu vaccine during the "last flu season," in other words during the months of September 2003 through March 2004? ()

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

<<TIME: Section 21 – Child Immunization >>

Washington State-Added Questions

Section 22: Cardiovascular Health

If YES to the core question 8.1, (Ever told you that you had a heart attack or myocardial infarction), then ask Q22.1. Otherwise, go to Q22.2.

22.1. After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (249)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

If YES to the core question, Q8.3 (Ever told you that you had a stroke?), then ask Q22.2. Otherwise go to Q22.3.

22.2. After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (250)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Ask all respondents Q22.3.

22.3. Do you take aspirin daily or every other day? (251)

- 1 Yes **[Go to next section]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

- 22.4. Do you have a health problem or condition that makes taking aspirin unsafe for you? **[If "Yes," ask "Is this a stomach condition?" Code upset stomachs as stomach problems].** (252)

- 1 Yes, not stomach related
- 2 Yes, stomach problems
- 3 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 22 >>

Section 23: Actions to Control High Blood Pressure

If Core Q6.1=1 (Yes); continue. Otherwise, ⇒Go to next section.

Are you now doing any of the following to help lower or control your high blood pressure:

- 23.1. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (253)

- 1 Yes
- 2 No
- 7 Don't Know / Not Sure
- 9 Refused

- 23.2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (254)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't Know / Not Sure
- 9 Refused

- 23.3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (255)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't Know / Not Sure
- 9 Refused

23.4. (Are you) exercising (to help lower or control your high blood pressure)? (256)

- 1 Yes
- 2 No
- 7 Don't Know / Not Sure
- 9 Refused

Has a doctor or other health professional EVER advised you to do any of the following to help lower or control your high blood pressure:

23.5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (257)

- 1 Yes
- 2 No
- 7 Don't Know / Not Sure
- 9 Refused

23.6. (Ever advised you to) cut down on salt ((to help lower or control your high blood pressure)? (258)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't Know / Not Sure
- 9 Refused

23.7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (259)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't Know / Not Sure
- 9 Refused

23.8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (260)

- 1 Yes
- 2 No
- 7 Don't Know / Not Sure
- 9 Refused

23.9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (261)

- 1 Yes
- 2 No
- 7 Don't Know / Not Sure
- 9 Refused

23.10. Were you told on two or more different visits to a doctor or other health professional that you had high blood pressure? [If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"] (262)

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline or pre-hypertensive
- 7 Don't Know / Not Sure
- 9 Refused

<<TIME: Section 23 >>

Section 24: Intimate Partner Violence

24.0 The next questions are about violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you dated would also be considered an intimate partner. Do you feel that it is safe for you to answer these questions at this time? If yes, I will proceed with these questions. If not, I will skip them.

- 1 Yes, [it's safe] **continue**
- 2 No **Go to next section**
- 7 Don't Know / Not Sure **Go to next section**
- 9 Refused **Go to next section**

24.1. Has an intimate partner EVER THREATENED you with physical violence? This includes threatening to hit, slap, push, kick, or physically hurt you in any way. (386)

- 1 Yes
- 2 No
- 7 Don't Know / Not Sure
- 9 Refused

24.2. Has an intimate partner EVER hit, slapped, pushed, kicked, or physically hurt you in any way? (387)

- 1 Yes
- 2 No

- 7 Don't Know / Not Sure
9 Refused

24.3. **[If Q24.2=1 (yes) then add "Other than what you have already told me about"]** Has an intimate partner EVER ATTEMPTED physical violence against you? This includes times when they tried to hit, slap, push, kick, or otherwise physically hurt you, but they were not able to. (388)

- 1 Yes
2 No
7 Don't Know / Not Sure
9 Refused

"Now I am going to ask you about unwanted sex. Unwanted sex includes things like putting anything into your vagina [*if female*], anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused".

24.4. Have you EVER experienced any unwanted sex by a current or former intimate partner? (389)

- 1 Yes
2 No
7 Don't Know / Not Sure
9 Refused

**If 24.2 is "Yes (1) OR 24.4 "Yes" (1) ask Q24.5.
Otherwise go to Section 24 Comment.**

24.5 Have you EVER had any injuries, such as bruises, cuts, scrapes, black eyes, vaginal or anal tears, or broken bones, as a result of physical violence or unwanted sex with an intimate partner? ()

- 1 Yes
2 No
7 Don't Know / Not Sure
9 Refused

If Q24.4= No, Don't Know, or Refused (2, 7, 9), then Go to Section 24 Comment.

24.6. In the past 12 months, have you experienced any physical violence or had unwanted sex with an intimate partner? (390)

- 1 Yes
2 No

- 7 Don't Know / Not Sure
- 9 Refused

**Ask Q24.7 and Q24.8 only if answer to Q24.6 = "Yes" (1).
Otherwise go to Section 24 Comment.**

24.7. In the past 12 months, have you had any injuries, such as bruises, cuts, scrapes, black eyes, vaginal or anal tears, or broken bones, as a result of this physical violence or unwanted sex? (391)

- 1 Yes
- 2 No
- 7 Don't Know / Not Sure
- 9 Refused

24.7. At the time of the most recent incident, what was your relationship to the intimate partner who was physically violent or had unwanted sex with you? (392-393)

- 01 Boyfriend
- 02 Girlfriend
- 03 Former boyfriend
- 04 Former girlfriend
- 05 Male you were dating
- 06 Female you were dating
- 07 Husband or male live-in partner
- 08 Former husband or former male live-in partner
- 09 Wife or female live-in partner
- 10 Former wife or former female live-in partner
- 11 Other
- 77 Don't Know / Not Sure
- 98 Refused

Section 24 Comment: These issues are sometimes difficult and uncomfortable to talk about. I really appreciate your answering these questions. If you or anyone you know is ever in immediate danger, they can call 911 or the local police. There is also a confidential, multilingual hotline to help anyone who is being hurt or threatened by an intimate partner. The hotline's number – if you'd like to write it down – is **1-800-562-6025**. You can also find the number in the telephone book in the **State Government** section under **"Social and Health Services, Domestic Violence Hotline."** [IF NEEDED: The Department of Social and Health Services operates the hotline.]

<<TIME: Section 24 >>

Section 25: Vermiculite Attic Insulation

- 25.1. The next questions are about attic insulation in your home. What type of insulation is in your attic? Is it ... ()

. [Please read]

- 1 Fiberglass insulation
- 2 Blown fiber insulation
- 3 Vermiculite insulation
- 4 Some other type of insulation (Specify):
- 5 You don't know what type of insulation you have
- 6 You do not have an attic
- 7 You live in an apartment building

DO NOT READ

- 8 Don't know/Not sure
- 9 Refused

- 25.2. Do you know what vermiculite attic insulation looks like? ()

- 1 Yes
- 2 No
- 7 Don't know/Not sure - DO NOT READ
- 9 Refused - DO NOT READ

- 25.3. In the past 12 months, have you read, seen, or heard any information about vermiculite attic insulation containing asbestos and its potential health risks? ()

- 1 Yes
- 2 No
- 7 Don't know/Not sure - DO NOT READ
- 9 Refused - DO NOT READ

<<TIME: Section 25 >>

Section 26: Sexual Orientation

- 26.1. Now I'm going to ask you a question about sexual orientation. Do you consider yourself to be **A. Heterosexual**, that is, straight; **B. Homosexual**, that is gay or lesbian; **C. Bisexual**, or **D. Other**. Remember, your answers are confidential. **[IF NEEDED: Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in Washington. You don't have to answer any question if you don't want. IF NEEDED: If you would like to talk with someone about these issues, you may call <hotline>.]**

- 1 A. Heterosexual, that is, straight
- 2 B. Homosexual, that is gay or lesbian
- 3 C. Bisexual
- 4 D. Other (Specify: _____)

- 7 Don't know/Not sure
- 9 Refused

<<TIME: Section 26 >>

Section 27: Adult Survey Transition Questions

AC1 May we call you in the future if we do more research on health-related topics? This means we might call you back within the next year, or invite you to some focus groups in your area. Of course, you can always refuse to participate in the future. ()

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

AC2 May I please have your first name, so that we know who to ask for? **[If needed: If you agree to be contacted again, we will keep your first name and telephone number with your answers for up to one year. They will be removed from the combined data files that are sent to the Department of Health.]**

- (record response)
- 9 Refused

<<TIME: Section 27 >>

**If R lives in King County (Q13.12 = 33), continue.
Otherwise, go to Closing Comment.**

Section 28: Nearest Intersection (King County only)

28.1. In order to help us learn more about environmental factors in your area, we'd like to know what the nearest intersection to your home is. This information will never be released or analyzed individually and will be used to group your responses with others from your neighborhood. Please name the two cross-streets of this intersection. _____ ()

(Be sure to confirm street spelling and directionals (N, S, E, W, NW, NE, SW, SE))

First street: _____

and Intersecting Street: _____

77 Don't know
99 Refused

<<TIME: Section 28 >>

**If there are children age 10-17 living in the home, continue.
Otherwise go to Closing comment.**

Section 29: Youth Survey Transition Section

29.1 You said before that there **[CATI insert]** is a child / are **[number]** __children] living in your home age 10 to 17. Are you the parent or guardian of [this child/ **[CATI make random selection of child, insert age]** the __ year old child? _____ ()

1 Yes
2 No **Go to Q29.3**
9 Refused

29.2 I would also like to interview **[CATI insert]** your child/ the __ year-old child]. The interview will take about 15 minutes. We will ask about what is happening in school, his or her attitudes about tobacco, and whether the child and his or her friends have used tobacco products.

I can assure you that everything your child tells us will be held in the strictest confidence, and that he or she can refuse to participate at any time.

May we have your permission to talk to your [if more than one, __ year old] child about this survey and invite his or her participation?

1 Yes **Go to Q29.5.**
2 No **Go to closing statement**

29.3 May I speak to the **[CATI insert age]** ___ year old's parent or guardian?

- | | | |
|---|---------|---|
| 1 | Yes | [If not available, make appointment for callback.] |
| 2 | No | Go to closing comment |
| 9 | Refused | Go to closing comment |

29.4 **Introductory paragraph for non-respondent parent or guardian:** Hello. I'm _____ calling for the Washington State Department of Health. I am doing a survey of children and their attitudes about tobacco. I would like to interview the ___ child in your home. The interview will take about 15 minutes. We will ask about what is happening in school, his or her attitudes about tobacco, and whether the child and his or her friends have used tobacco products. I can assure you that everything your child tells us will be held in the strictest confidence, and that he or she can refuse to participate at any time.

May we have your permission to talk to your **[CATI insert age]** ___ year old child about this survey and invite his or her participation?

- | | | |
|---|-----|---|
| 1 | Yes | [If not available, make appointment for callback.] |
| 2 | No | Go to closing comment |

29.5 Is (he)/(she) available?

- | | | |
|---|-----|--|
| 1 | Yes | Say next comment, then go to closing comment |
| 2 | No | Schedule call-back. Then go to closing comment. |

Please ensure that this child has a private place to answer the survey questions, so that (he)/(she) can be honest and open.

<<TIME: Section 29 >>

Closing Comment

That's my last question. *Your answers and everyone else's will be combined to give us information that is important for improving public health in our state..* Thank you very much for your time and cooperation.

<<TIME: questionnaire >>